



Immunization Form

Fall Semester: Due July 1st Spring Semester: Due Jan 1st
Biddeford Campus: 11 Hills Beach Rd, Biddeford Me, 04005
Portland Campus: 716 Stevens Ave, Portland Me, 04103

Name: _____ Date of Birth _____
Home Address: _____ City: _____ State: _____ Zip _____
Cell: _____ Home: _____

ALL COLLEGES

STATE of MAINE REQUIREMENTS

MMR: 1) _____ 2) _____ if unable to locate or document 2 MMR vaccines provide laboratory proof with a titer.
MMR booster: _____ (Only do a booster if titer is negative)
TDAP: _____ or **TD:** _____

COLLEGES OF: Osteopathic Medicine All Health Professions Pharmacy ONLY

STATE of MAINE REQUIREMENTS and HEALTH PROFESSIONS REQUIREMENTS

• **(STRONGLY RECOMMENDED) MENINGOCOCCAL:** _____
HEP B: 1) _____ 2) _____ 3) _____ OR HEP B titer if unable to document 3 HEP B vaccines *HEPB booster is required if titer is negative.
VARICELLA: 1) _____ 2) _____ OR if you have had History of the Disease document with laboratory proof (titer) *History of chicken pox is not acceptable*
2 Step TB testing: 1) _____ result _____ 2) _____ result _____
PPD testing must be done within the year you come to school
BCG: Must have a Neg PPD or Neg IGRA. Positive result of either test must have TB follow up
INH: If you have history of INH treatment. You must provide documentation of your entire treatment
COLLEGE OF OSTEOPATHIC MEDICINE Requirements: In addition to the State of Maine and Health Professions you are required to have the following:
MMR titer, HEP B titer, Varicella titer (Must provide lab results)

The information provided is for the University of New England Health center use and/or for proof of compliance for educational affiliates. This examination/immunization record is correct according to available records.

Health Provider Sig: _____ Date: _____ Phone # _____

*Who is listed under the College of Health Professions?
Applied Exercise Science, Athletic training, Sports medicine, Nursing, Dental Hygiene, PT, OT,PA, CRNA, College of Pharmacy, Social Work